To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILIN	onstitution and S.9.10 of the Wisconsin State G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	SICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Timothy M Clark <	-Chh	Street: 1240 Driffwood Dr City: De Pere zip: 54115	Town Village City DePere	
Bob Van Domelen	Ribert Han Domelen	Street: 1247 Cecelia Ct City: De Perse zip: 54115	Town Village City De Neve	11/20/20 <u>4</u> (Month) (Day) (Year)
"Andrea Jachinsa	andrea Jochinia	Street: N3825 Breeze Way	Town Freedom City Freedom	11 20/20 <u>11</u> (Month) (Day) (Year)
Catherine Van Domele	Casherine	Street: 1247 Cecelia Ct. City: Delere WI zip: 54115	Town Village De Pere	// /20/2011 (Month) (Day) (Year)
Tammi Dernbuch	Tan Demland	Street: 1461 Weatherstone Tr. City: De Pere, WI zip: 54115	Trown Ledgeview	11 20 20 11 (Month) (Day) (Year)
EUGENE M CLARK	Euge M Clas	Street: /UOZ W SRRING STEKET City: APPLETUN Zip: WT	Town Village ANLUTUN	// 20/2011 (Month) (Day) (Year)
Jacinta Clark	Quarta Clark	Street: 1002 W Spring St. City: Appleton zip: 54914	Scity Appletor	11/20/20 (Month) (Day) (Year)
"Kay Clark	Hous Clark	Street: 1/31 W. Commercial St. City: Appleton zip: 54914	Town Village City	(Month) (Day) (Year)
Carole F Clark	Caroledlack	Street: 1240 Driftwood Dr. City: De Pere Zip: 54115	O'Village De Pere	11/2/2011 (Month) (Day) (Year)
0.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
Timothy M Clark	Certification (of Circulator fy): I rgsige at 1240 Dr. Ftwood D	Or De Peie	

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• 1		(Name of Circulator)			(Circulator's Residence - Street name and Number	er) (Circulator Municipality)
I personally circulated thi	is recall petition	n and personally obtained each	h of the signatures on this paper. I l	tnow that the signers are	lectors of the jurisdiction or district represented by the officehol	der named in this petition. I know that each person signed
the paper with full knowl	edge of its cont	ent on the date indicated opp	osite his or her name. I know their	respective residences iven	n. I support this recall petition. I am aware that falsifying this ce	rtification is punishable under S.12.13(3)(a). Wis. Stats.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes.

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ALLAN MENTZ	allar mentz	Street: 3999 CATTIAL CT City: APPLETON Zip: 54913	□ Town BY Village □ City GREND < HUTE	
FREY WIRTZ	tu much	Street: 1619-N. DREW City: Agpleton Zip:	Town Utillage Report	/ // /20/Z (Month) (Day) (Year)
Megan Stadler	Megal Stedl	Street: 932 W. 8th St City: Apple ton, WI Zip: 54914	Town Village PCity Appleton	/ /11 /2012 (Month) (Day) (Year)
Covinne Caburn	Come Colin	Street: 1506 N. Briarcuff Dr. City: Appleton zip: 54915	Town Village Recity Appleton	/ ll /2012 -
Susan Oliver	820	street: 725 Cambridge Dr. city: Appleton W1 zip: 54915	Town Village Pacity Appleton	/// [{] /20/Z (Month) (Day) (Year)
JUDITH OLIVER	Judite Oliser	city: Opplaton zip:	Town Village Appleton	/ / (/20/Z (Month) (Day) (Year)
DAVID RUBIN	Want Miss	Street: 711 E BOLDT WAY, SPC 1256 City: APPLETON Zip:	Town Price To N	1/11/20_12 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
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- D - 4	Brette	Chrown			, (certify): I reside at	602		State S.	Darle	etre	
		Name of Circulator)						ce – Street name and Number		(Circulator Municipalit	
personally circulated th	nis recall petition a	nd personally obtained eac	h of the signatures	on this paper. I kno	w that the signers are elect	ors of the jurisdic	tion or dist	trict represented by the officehold	der named in this	petition. I know that each pers	son signed
he paper with full know	ledge of its conten	t on the date indicated opp	osite his or her nam	e. I know their resp	pective residences given. I	support this recal	l petition. I	am aware that falsifying this cer	tification is punis	hable under S.12.13(3)(a), Wi	is. Stats.
/ /	11	120 /		Brotto	Boxun	ノ			ŗ	Page No () intel time On	alv)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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1. Magan Grotenhuis	Magy Stoler	street: 802/2 W Commercial St City: Appletum zip: CuT	□ Town □ Village □ City Appleton	1 /11/2012 (Month) (Day) (Year)
2. Myriah Harga	1 22	street: 516. Schindler plant / city: Minaska zip: 54452	Town Village EACity VILLASh Q	/ /2012 (Month) (Day) (Year)
3. William Markethe	Villiam Markelle	Street: 956 E 4th St City: Manasha zip: 54952	Town Village State Menasha	(Month) (Day) (Year)
Andrew Franzon	Chro Jogue	Street: 1003/2 DOEST LAWGENCEST, City: Appleton U/, zip: 54914		(Month) (Day) (Year)
Juler Ban	or think	Street: gr. vag 51. Sty. AMMON Zip: GU/Y	Town Village Del City	///20_f) (Month) (Day) (Year)
6. Kathryn Brister	Kathan Smit	Street: 7885 Glen Clerkpl City: Appleton, W. zip: 549,4	Town Village App Hen	(Month) (Day) (Year)
Jacqueline Reynde	o Josquelne Reguder	Street: 520 ENOrth5t. City: Appleton zip: 54911	Drown Village Appleton	////20[L (Month) (Day) (Year)
8. Patti Leitermann	Patti Leitermann	Street: 4539 Cty U City: Wrightstown zip: 54180	City Wrightstown	1/11/20 <u>1</u> 2
9. Charles John Man	CE Malle	Street: JOZ d A W. Janes Car. City: Game Chut 1 zip: 5 4 17 17	Sto Town Dillage Charle	///20 <u>/7</u> (Month) (Day) (Year)
BRAD BRANDON	Bul Julor	Street: 607 W. 7THST City: APP Zip: 54911	Town Village Apple	[////20 <u>72</u> (Month) (Day) (Year)
	Certification of	of Circulator	01 Ha 100 -	- 4 11
NELSON (Name of Circ)	, (certi	fy): I reside at (Circulator's Residence - Street name and	TO HIPLETO	Municipality)

I personally circulated this recall petition and personally obtained each of the signature on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

I,

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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SANDRA L. SCHWIZE	Sandu J. Schuly	Street: 29 HOLLY/HOLL CT. City: APPLETON WIZID: 54914	Town Village APPLE TOW	//0/20/2 (Month) (Day) (Year)
	0	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
) .		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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•		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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•		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
•		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
Grorz & Schu (Name of Circi	Certification of	L		1

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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tricia A. Bangart	Patricia a Bancart	Street: W8510 Cy N City: Memasha zip: 5495	Town Town of Village Town of Harrison	1) /07/20 <u>12</u> (Month) (Day) (Year)
tricia A. Bargart Joan D. Peterse	a Joan d. Peters	Street: 2208 Peters Rd	Town Village Kaukauna	0//07/2012 (Month) (Day) (Year)
Rachel Kramer	# Kom	Street: 130 1/2 W. Wisconsin#	☐ Town ☐ Village	01/07/20 <u>/2</u> (Month) (Day) (Year)
0		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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•		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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	Certification o	<u> </u>	2.00	

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2. C. 13	Clar.	Street: 848 E Cecul St.	□ Town □ Village ©City Neen≥n	12/(0/20
NIXI GOULD MEODORE K. MWOCHINSKI	Thank 1 March 1	Street: W161 USOIZ HICKORY TREE LA City: Menomonee FAlls, zip: W1	Town Village	12/24/2011
MEODORE K. MWOCHINSKI	- Levalou K. 1110 Whender	Street: W/G/N50/2 Hickory Treela	Town Town Willage Manager Fills	(Month) (Day) (Year)
JAUICE M. Mrochiuski	Janies M. Mrockinské	Street: W/6/N50/2 Hickory Ineela City Menomone & Falls zip: 5305/ Street: 829 E. CECIL ST	City MEMOINIONEE 19119	(Month) (Day) (Year)
BARCES R. Johnson	Call of	Street & ST E CECIL SI STREET & STREET	Scity/ EE/ UAH	12/34/20 <u>(/</u> (Month) (Day) (Year)
AnnManeJohnson	annarishus	Street: 829 E, Cécil St City: Neenah WI zip: 54956	□ Town □ Village ⊅ City	/////2012 (Month) (Day) (Year)
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
•		Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
•		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
•		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
0.		City: Zip: Street:	☐ Town ☐ Village ☐ City	/ /20
^	Certification	city: Zip:		(Month) (Day) (Year)
	AnnManeJohnson, (cert	ify): I reside at 829 E CCC St	Neenah	
(Name of Circ		(Circulator's Residence - Street name an the signers are electors of the jurisdiction or district represented by the		Municipality) hat each person signed

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1. Bethany Schneide	Sh.w	Street: 1415 Fairy au St. City: OSh Kosh zip: 51901	Town Oshkosh	11/33/2011 (Month) (Day) (Year)
2. Bobbie Johnsten	Belovie Thuster	Street: 421 Olde Paltzer Ct. City: Appleton, W/ zip: 54913	Town Poleton	
Teresa Gross	Derosa Shoo	Street: 2406 E. Bona Ave City: Appleton Zip: 54915	Town Appleton	// /23/20_// (Month) (Day) (Year)
4. Catherine Etheridge	Catherine Stheridge	Street: 232 Edgewater Drive City: Menasha WI zip: 54957	□ Town □ Village ■ City Menasha	il / 23/2011 (Month) (Day) (Year)
5. Sound Martin	SIams	Street: 524 W. Old Sleigh Ln. City: Appleton, Wizip: 54913	Town Uvillage Appleton	11/23/20
Margare+LaFleur	Sprjatoff	Street: 2151 Connies Cf City: Appleton, W/ Zip. 54914	Town Appleton Dicity	// /29/20 <u>//</u> (Month) (Day) (Year)
Amy McAloon.	Ster 2 Miles	Street: 1801 Quintin Ct City: Appleton WI zip: 54915	Town City Apple to	/2/1/20// (Month) (Day) (Year)
8. Samantha Prestidge	Samartha Prestrage	Street: 317 Byantwood Dr City: Negrob WI zip: 54915	Town Village Neemah	12/1/20/1 (Month) (Day) (Year)
Joseph Lamers (Joseph Tomers	Street: W6939 Firelane 4 City: Menasha, US Zip: 54952	Trown Village Harrison	12/4/20 <u>//</u> (Month) (Day) (Year)
Lisas Lamers	Lesa Lamers	Street: Wle939 Firelane 4 City: Menaska W1 zip: 54932	Doron Harrison	/2/4/2011 (Month) (Day) (Year)
A 14.	Certification (
Ann Marie Johnson		fy): I reside at 829 E. Cecil	<u>Neerah</u>	· ·
(Name of Circulated this recall petition and personally obtained		(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the		

the paper with full knowledge of its content on the date indicated opposite his or her name. I know, their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month)

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PAULA SKITCH	Pauls Skitch	Street: 2644 WELLSPRING DR CHy: APPLETON, WI zip: 54913	□ Town □ Village City APPLETON	0/10\f20 <u>/2</u> (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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) .	, , , , , , , , , , , , , , , , , , , ,	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)

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			☐ City	(Month) (Day) (Year)
	City:	Zip:		
	Certification of Circulator		_	
V CAROLYN MEWHORTER	, (certify): I reside at	33 5 MEADOWS,	Appleton, W.	15cman 54915
(Name of Circulator)		(Circulator's Residence - Street name	and Number)	(Circulator Municipality)
rsonally circulated this recall petition and personally obtained each of the	he signatures on this paper. I know that the signers are elector	ors of the jurisdiction or district represented by	the officeholder named in the	his petition. I know that each person signed
paper with full knowledge of its content on the date indicated opposite l				
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/ / /0 /20 12 <u>v</u>	. Carring Newhorth			Page No. (Official Use Only)
(Month) (Day) (Year)	(Signature of Ci	rculator)		000#708"
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1. Kara Duerst	Karabuerst	street: 1401 S. NICOLET Rd #20 City: Appleton zip: 54914	DixTown   City grand Chule	1 /11/2012 (Month) (Day) (Year)	Email K (
Sanet Van Offeren	Janet Van Offeren	Street: N7981 Horizon Ct.  City: Sherwood, WI zip: 54169	Town  Willage Sherwood	/ // /20 <u>/2</u> (Month) (Day) (Year)	Email Phone
JOHN S. SCHNEIDER	Sonn S. Schneide	Street: 1500 MAIN AVENUE City: KAUKAWA W1 zip:54130	Town Village  KAU KAUUA	/ / 11/20 <u>12</u> (Month) (Day) (Year)	Email Phone
* Ed Saxe	Edward Safe	Street: 1328 S. Memorial Dr. Chy: appleton, WI zip: 54915	Town O Village Apple to N	////20 <u>/2</u> (Month) (Day) (Year)	Phone (
JERRY WETTER	Sheald F Walter	Street: 800 = Woodcres W. City: Apple Ton 71p: 54915	Town Utillage DCity  AppleTow	////20 <u>/2</u> (Month) (Day) (Year)	Phone (
CAROL MENTZ	Carol Mests	Street: 3999 Cuttail Ct City: Appleton zip: 54913	Town Uvillage City  Stand Chute	(Month) (Day) (Year)	Email Phone
Linda Wirtz	Linda Wist	Street: 16/8 N: Drew Str  City: Appleton zip: 54911	Town Village Appleton	0 1 /11 /2012 (Month) (Day) (Year)	Phone (
8. CRIEGORY STRONG	lf 0	Street: N & 79 RABBIT RO City: FREMULT 21654940	durown □ Village DAUE	\(\lambda \lambda \lam	Email Phone
Anne Zabronsky	grughy	Street: 3521 N. RANKIN JE City: Appledon zip: 54911	D Town D Village Appleten	// /2012 (Month) (Day) (Year)	Email Phone
JILL H. COBURN	Jie V. Com	Street: 1500 N. BMANCLIFE DL.  City: APPLEON Zip: 54915	D'Town D'Village Appleton	/ / / /2010 (Month) (Day) (Year)	Email Phone
Susan Marn'ssau	Certification (	of Circulator	00		
DILKON INNOVICENT	, ,,	12 to the st 287 Novement of	Messacha		

I, USQN / Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)

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| May Mut I | May Multiple | May Multiple | Page No. Official Use Only) (Signature of Circulator)

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BAry CArpenter	Day Curpenter	Street: 1087 HOLLY CYT City: Ne MAH Zip: W.J.	□ Town □ Village ▼City NECNAH	1//b/2011 (Month) (Day) (Year)
ion Patza	Tem Portion	Street: 614 Sally ST  City: 564mour zip: 54165	Town Village Soymour	1/16/20/1) (Month) (Day) (Year)
eslie E Simon	Lesli & Simor	street: 1386 sunset Lane City: Menasha zip: 5495	Brown □ Village □ City □ Menashee	12/3/20// (Month) (Day) (Year)
William J Waukau	Hay curpenter Jem Potser Jesli & Semon William J Warden	Street: 6 North Breeze ?: rele City: Appleton, WI zip:54911	Town Utiliage Appleton	/3/3/2011 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Sovah U. Edmands Janah	Ihr	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  Street: 2000 W. Fackard ST.  City: Appleton zip: 549 B  Street: 1/15 W. COUGG Ave  City: Appleton WI zip: 54914  Street: 1/15 W. Lolligt ave,  City: Appleton: WI zip: 54915  Street: 2ip: 54915	City Appleton  Town Village	DATE OF SIGNING
Timothy Lenka F	Ida	City: Appleton zip: 549 Street: 1/15 W. COUGG AUE  City: Appleton WI zip: 54914  Street: 11:5 W. Lolligt ave,  City: Appleton: WI zip: 54915  Street:  City: Appleton: WI zip: 54915	Town   Village   Village	(Month) (Day) (Year)    /7/2012 (Month) (Day) (Year) (Year)
Timothy Lemke Tem	Ihr	Street: 1/15 W. COUGGE AUE  City: APPCETON WI Zip: SY914  Street: 11:5 W. Lollige ave,  City: Applofon: WI Zip: 54915  Street:  City: Zip:	Town Village Town Town Village Town Village Town Village Village	(Month) (Day) (Year)  / / 7/20/2 (Month) (Day) (Year)  / /20
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	GPURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
JAMES MCGRANE	James M. Brane	Street: 37 APACHE COURT  City: GRAND CHUTE ZID: 54911	XTown Uvillage City GRAND CHUTE	////20/2 (Month) (Day) (Year)	Email Phone
2. SHSAN G. ROLLDE	Several Roll	Street: 1275 LAKESHORZ DK City: MENASHN ZIPS 4912	XTown □ Village □ City	1 / 11/20 <u>1</u> (Month) (Day) (Year)	Phone (
3. TIMPHYW, ROHDE	STALL	Street: 1275 LAWESHORE DR. City: MENASHA Zip: 54952	NTown Usuage MENSHA	) /11 /2012 (Month) (Day) (Year)	Email Phone
4.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
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_	Certification (	of Circulator		•	
Claire E Knudson	, (certi	fy): I reside at 21 Nawbarry Ct.	d Number) City of 17pg (Circulator)	oleton	Circul
(Name of Circul resonally circulated this recall petition and personally obta- paper with full knowledge of its content on the date indic	ained each of the signatures on this paper. I know that the	(Circulator's Residence — Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying the street of the support this recall petition.	e officeholder named in this petition. I know the	at each person signed	1

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Article XIII, Section 12 of the Wisconsin Co	nstitution and S.9.10 of the Wisconsin Stati	utes.	·*		_
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Mariorie, L. Notino	Marian Status	Street: 110/2 E. Franklin St.	Town O Village City Annleton	12/31/2011 (Month) (Day) (Year)	Email Phone
2.	1. Cocycles of Perma	Street: 1/0/2 E. Franklin St	TOWN Uvillage  C(City)	(Month) (Day) (Year)	Email Phone
Joseph J. Notinos	Alber Matin	City: Appleton Wiszp: 54911 Street: 408 N. Morrisan St.	□ Town □ Village  DrCity	/2/3//2011 (Month) (Day) (Year)	Email Phone
Jettery A. Not, Mo	To Do	street: \$188/2 E Pacific St	npp rejur	(Month) (Day) (Year)	Email Phone
Troly Gorges	Add Jul	street: 408 1/2 E-Pacific St on: Appleton INI zip: S4911	Town  Village  City   Apol   A	(Month) (Day) (Year)	Email
6.	N Y	Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
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Marjorie L. No	Certification of the control of the	of Circulator 6 Frank	linst Appletor	WI 549	() Circula

I, Certify): I reside at (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given a support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

| Page No. (Official Use Only) (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
GRACE Flestedt	Space Frestall	Street: N/628 MEADOWINEU) City: GREENVILLE Zip: 54943		/ ///20/2 (Month) (Day) (Year)	Email Phone
Carlton EFiested	Anace Frestall 1 autou Frestalt	Street: N/628 Meadowisew Dr City: Greenvillew, 210:54942	D'Town Utillage Greenulle	1/11/2012 (Month) (Day) (Year)	Email Phone
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5 e an Hayes (Name of Circul	. (certi	ify): I reside at 426 Iowa 54. 5+13 (Circulator's Residence - Street name an	ay w Sturgeon	1394 W/
cisonany chediated diff icean bedition and beisonany obta	anicu cach di die signatures di uns paper. I know mat u	he signers are electors of the jurisdiction or district represented by the	e officeholder named in this petition. I know the	at each person signed
e paper with full knowledge of its content on the date indic	cated opposite his or her name. I know their respective	residences given. I support this recall petition. I am aware that falsifyi	ing this certification is punishable under S.12.1	
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[,	nean Hayes (Name of Circul	, (certif	tify): I reside at 426	Iowo St. Stu tor's Residence – Street name an	ay w Stuv	Grander Municipality
personall	y circulated this recall petition and personally obta	ained each of the signatures on this paper. I know that the ated opposite his or her name. I know their respective re	the signers are electors of the ju	risdiction or district represented by the	e officeholder named in this pe	etition. I know that each person signed
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	nstitution and S.9.10 of the Wisconsin Status Purposes, when different than municipal.	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUD	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Carol Rosch	Carol Resal	Street: 1918 N Elina St.	Town Village City Apollo Lan	////20/2 (Month) (Day) (Year)
SHARRAD BARTIEM	Brahoul Souther	Street: Sid W. Bell AV City: Appleton Zip: FAH	Town Village	/ /)/ /20/2 (Month) (Day) (Year)
Brennan Ralastrieri	3 Part	Street: 4108 N. Stowell Ave City: Shore wood zip: 53011	Town Willage Shorewood	// /2012 (Month) (Day) (Year)
Hlanna Oehlenschlage	Olarna Ochlerstage	street: 300 S midpork Dr chy: Appleton WZ zup: 54915	Town Village Appleton	j / 11 / 2017 (Month) (Day) (Year)
	V	Street: City: Zip:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) (Year)
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	Certification (	City: Zip: Df Circulator		
Karin Babcock (Name of Circui		fy): I reside at 511 F. South River St. (Circulator's Residence - Street name an	Appleton v1 5491	15 Dutecoas  Municipality)

7.	Street:		□ Town	1 /20	Email
	orrei:		☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
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8.	Street:		□ Town	/ /20	Email
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9.			□ Town	1 1	Email
	Street:		→ □ Village	/ /20	
			☐ City	(Month) (Day) (Year)	Phone
	City:	Zip:			Email
10.	Street:	w. *	□ Town	1 /20	Eman
	Street:		☐ Village	/ /20	Phone
	City:	Zip:	☐ City	(Month) (Day) (Year)	
	Certification of Circulator				
Karin Babana	Countifich Tamaida at 511 F	South River St.	Analeton wil 50	1915 Duterop	met
(Name of Circulator)	(Circuity): Treside at (Circuit	lator's Residence – Street name at	nd Number) (Circula	ator Municipality)	Circu
ersonally circulated this recall petition and personally obtained each of the signatures	on this paper. I know that the signers are electors of the i	jurisdiction or district represented by the	e officeholder named in this petition. I k		
paper with full knowledge of its content on the date indicated opposite his or her name	ne. I know their respective residences given. I support thi	is recall petition. I am aware that falsify	ing this certification is punishable under	S.12.13(3)(a), Wis. Stats.	-
1 / 11 /20 12 -	- Cascott	eren	Page	No. (Official Use Only)	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Alicelallock	Dis Pollice 1	Street: 1845 4 Home Ave City: Minas La WE Zip: 54952	Town Village Menas Wa	1 /10/20 (Month) (Day) (Year)
Eileen Fischer	Ellen Fischer	Street: W6673 Green Willow C+ City: Green Ville Zip: 54942	Trown Village City Green ville	1 / 11 / 20 12 (Month) (Day) (Year)
Henry Meyer	Her Men	street: 321 South Momorial Dr City: Appletion zip: 5,7911	Town Village Appleton	(Month) (Day) (Year)
Nichalmann	North	Street: 721 W. Third St.	Town Willage Appleton	
Sandy Juliar	Sandy & Julia	Street: 1012 5 Clara City: AlPleton wy zip: 54915	Town Proleton	1/1/20/2 (Month) (Day) (Year)
Brian Adams	Bioder	City: Apoleton W. I zip: SU911	Town Utiliage Appleton	/  /2012  (Month) (Day) (Year)
La Vonne Hohn	Monne Ow	Streety 213 E 16Th ST City: Kaubauna zip 5430	Town Uvillage City  Authouna	///(/20 <u>6</u> 2 (Month) (Day) (Year)
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ly circulated this recall petition and personally ob	llator)	ify): I reside at		Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes.

ticle XIII, Section 12 of the Wisconsin Con	nstitution and S.9.10 of the Wisconsin State	utes.		
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	TICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Pamela Kulas	Pamela Kulas	Street: 4116 N. Tigerlily Dro City: Appleton Zip: 54913	Drown Appleton	/ / 1 / 20 1 2 (Month) (Day) (Year)
Kou Yang	Xm ym	Street: 1228 Park Hills Dr. City: PAPPLETON Zip: 54915	Town Village Appleten	
3. Virginia Reinardy	Vugina Remaid	city: Apple ton zip: 549//	Drown Dyillage Apple (City Apple	////20 <u>/2</u> (Month) (Day) (Year)
Tara Kraft Muhnka	Tolkraft Mobbe	Street: 26 Thistle Down Ct. City: Appleton zip: 54915	Town Popleton	/\\/20_(Month) (Day) (Year)
5. Danay Hulahings	Dancy Holins	Street: W7065 Parkview C+#7 City Creph VI 1 (WIED: 54942	Prown   Village   Creenuille	1 /1( /20 <u>12</u> (Month) (Day) (Year)
TAMI SEAVER	Dani Seaver	Street: 519 S. Schaefer St City: Appleton WI zip: 54915	O Town O Village City City City	1 /11/2012 (Month) (Day) (Year)
James MaeTaggit	AMAr	Street: 224/2 College Luc City: Appleton WI zip: 59/15	Town Village Apple ton	j /// /20/2 (Month) (Day) (Year)
Seryon LISTA SLOAN	Lisa Sloon	Street: 16 12 4 N 1 V 8 R S 17 Y 4 R City: M ENASH 4 Wk Zip: 54952	□Town □Village  MENASHO  City	////20/2 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
	Certification (		,	
MARY GE MAKI	, (certi	fy): I reside at 901 COOLIDGE AUE	· LITTLE C	HUTE
(Name of Circul		(Circulator's Residence - Street name and	l Number) (Circulator I	Municipality)

Certification of Circulator

I, MARY (BE MAK)

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

| MARY (BE MAK)
| (Circulator's Residence – Street name and Number) (Circulator Municipality)
| (Circulator M

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
CICHARD W. KRUMWIEDE	Ribard W. Krumwlide	Street: 4225 E. APPLESEED DR.  City: APPLETON Zip: 54913	Town Village City  PPLETON	11/18/2011 (Month) (Day) (Year)
David Krumwiede	David Dummiede	Street: 4225 E Appleseed Dr  City: Appleton Zip: 54913	□ Town □ Village ☑ City □ Apple ton	11 /19 /2011 (Month) (Day) (Year)
SCOTT SOKEL		Street: 2017 E. HENRY ST.  City: APPLETON Zip: 54915	Town Village APPLETON	// /26/20// (Month) (Day) (Year)
	Satt Soll Christich Woods	Street: WIOABB Maple Terrace Rd  City: Greenville WI zip: 54942	Town O'Village City Greenule	12/1/2011 (Month) (Day) (Year)
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	Street: City: Zip:	□ Town □ Village □ City	/ /20   I
BECKY KRUMWIEDE Certification of	(Circulator  (Circulator): I reside at 4225 & Apple 8234	Dr. Appleton	<u> </u>
(Name of Circulator)  personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the paper with full knowledge of its content on the date indicated opposite his or her names I know their respective re	signers are electors of the jurisdiction or district represented by the c sidences given. I support this recall petition. I am aware that falsifying	officeholder named in this petition. I know th	funicipality) at each person signed
(Month) / (Day) / 20/2 Brelle, W	(Signature of Circulator)	Page No. (0)	ficial Use Only)

To the Wisconsin Government Accountability Roard: We the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPA	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU		S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Daniel J. Murphy	Dani H Muslin	street: 3125 N-Rankin St City: Appleton 219: 549//	Town Village City Application	////20 <u>/2</u> (Month) (Day) (Year)
ary Beth Johnson	manBethaphon	Street: 817 E WINDFIELD PI City: Appleton ZID: 54911	Town Village PCity Appleton	////20 <u>/2</u> (Month) (Day) (Year)
Daniel J. Murphy lary Beth Johnson Rolleen P. Hansen	Collen Hanse	Street: 332 5 Parrick ST City: Kimberly zip: 54136	Town Willage City Kimberly	///20/2 (Month) (Day) (Year)
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		Certification	on of Circulato	or _ ,	1, ,	•
Sano	RA FREChette	,(	(certify): I reside at _	403 S. Joseph ST	Kinherly	
.,,,,,	(Name of Circui			(Circulator's Residence - Street name and		Municipality)
personally circu ie paper with ful	lated this recall petition and personally obtail I knowledge of its content on the date indic	ained each of the signatures on this paper. I know that dependently the control of the signatures on this paper. I know their respectively.	that the signers are electricities the city of the cit	tors of the jurisdiction or district represented by the support this recall petition. I am aware that falsifyi	ing this certification is punishable under S.12	1.13(3)(a), Wis. Stats.
01	_////20/2	Sandia	Freshitte		Page No. (	Official Use Only)
(Month)		<del></del>	(Signature of C	Circulator)	##	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Jolene Gondeck	golene Gondeck	Street: B21 Bartelt St. PO BOX 321 City: GVESNAM, WI 219:54128	Town Willage Gresham	11 /22/20 <u>11</u>
		Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip:  Street:  City: Zip:	□ Town □ Village □ City	/ /20
		Street:	☐ Town ☐ Village ☐ City	/ /20
		City: Zip:  Street:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
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		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
; a		Street:	☐ Town ☐ Village ☐ City	/ /20

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RUI Rural address must also include		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Scott Gerbits	Lot Geby	Street: 815NE514	5T zip:54950	□ Town □ Village  **City	/2/9/2011 (Month) (Day) (Year)
Scott Gerbics &	Pengy Dorly	Street: 815 NE 8th	54, zip: 54950	□ Town □ Village  ACCity  May Ci den	1 2 / 9 / 20 <u>[]</u> (Month) (Day) (Year)
•		Street:	<b>Zi</b> p:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
•		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
•		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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0.		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
KENNETH A. FISC	Certification (cert	_ <del></del>	Karle ance - Street name and	DESHAN	·

(Signature of Circulator)

(Day)

(Month)

(Year)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Mark Kohrell	Mark Mohrell	street: N7354 Round Lake Rd. City: Brillian Zip: 54110	Village Brillion	//10/20_12 (Month) (Day) (Year)	Phone
WICHAELH BOCTON	Michalthalto	Street: N 7868 RIDGEUIEW CT City: SHERWOOD ZID: 54169	Town Skyillage City SHER WOOD	) / / 0/20[2 (Month) (Day) (Year)	Email
Kelly Caldera	Kelly Caldera	street: 1014 Bridgeview Ct city: Neenah zip: 54956	Town Wenasha	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Email
MICHAELIT NOCTON 3. Kelly Caldera 4. BARBARA WALSTROM	Garbara Walstrom	Street: 701 KINZIECH. City: MENASHA zip: 54952	Town Uvillage MENASHA	////20/2 (Month) (Day) (Year)	Phone
5.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Emai
7.		Street:  City: Zip:	☐ Town☐ Village☐ City☐	/ /20 (Month) (Day) (Year)	Phone
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9.		Street:  City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)	Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20 (Month) (Day) (Year)	Email
MICHAEL I. Pyne (Name of Circul onally circulated this recall petition and personally obta	lator)	of Circulator  ify): I reside at Wood Blazer Street name an  (Circulator's Residence - Street name an  the signers are electors of the jurisdiction or district represented by the	e officeholder named in this petition. I know t	Municipality)  Mat each person signed  13(3(a) Wis Stats	C
aper with full knowledge of its content on the date indic	tated opposite ms on her name, I know their respective	residences given. I support this recall petition. I am aware that falsify		Oficial Use Only)	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

ticle XIII, Section 12 of the Wisconsin Co	onstitution and S.9.10 of the Wisconsin Sta	tutes.		
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amy Pyne	any Bre	Street: 1710 State Street  City: Kaykayna zip: 54130	Town Village Vankauna	11/29/2011 (Month) (Day) (Year)
Tracy Pamenter	Juacy Pamental	Street: N3024 Manley RO City: Harton ville 21p. 54944	Town Village Hontonville	11 /29/2011 (Month) (Day) (Year)
Melissa Schinke	Melissa Schirke	Street W9338 Country Car Lo City: Horton We WI Zip: 54944	Town Village Hostorwille	// /29/20// (Month) (Day) (Year)
Kim Stelow	hunstelax	Street: 112 E7th St City: Kaukauna Wl zip: 54/30	Town Village KaulCauna	//8/20/2 (Month) (Day) (Year)
5.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
7.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
9.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
10.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)
Michael S. Pyra			x Appleton Harriso	u Jourship

		City:	Zip:	L City	(Month) (Day) (Year)
	(4:1 4 1	Certification of Circulat	tor	~ 1 11	
I, _	Michael d. Pipa	, (certify): I reside at	W600 Blazin Sta	2 Dr. Appleton	Harrison Township
	Name of Circule	ator)	(Circulator's Residente -{Sixeet nan	ne and Number)	(Circulator Municipality)
		ined each of the signatures on this paper. I know that the signers are ele			
the p	paper with full knowledge of its content on the date indicate	ated opposite his or her name. I know their respective residences given.	I support this recall petition. I am aware that fa	alsifying this certification is	punishable under S.12.13(3)(a), Wis. Stats.
	/ / /0 /20/2	Tuhail J. 1zm			Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Thomas C. BiesTervel	d Thomas C. Brestervels	street: 821 Harris St City: Eau Claire, WI zip: 54703	Town Village PCity Eau Claire	12/6/2011 (Month) (Day) (Year)
HARLES T. KNUTH	Charle To Knews	Street: 3010 3320 57 City: Eau Claire zip: 54703	□ Town □ Village  SCity  FAU  CLACAE	12/4/20_[[ (Month) (Day) (Year)
Ronald w Schooeder.	E Ronal Shoelp	Street: 5268 85th 5t.  City: Chippewa Falls, wi zip: 54729	Town Village Chiffeua Falls	12/6/20_// (Month) (Day) (Year)
Jill Marie Kelly	fiel With Kelly	street: 9353 24th Rive South City: EGN Claire Wizip: 54703	Town Village City LNC Addice	(Month) (Day) (Year)
Thomas Sadorf	Thomas Ladel	street: 9245 E. Beaver Creek Rd.  City: Fall Creek W1 zip: 54742	Town WAYIIN GTON	12 /11 /20 11 (Month) (Day) (Year)
Peter Tio	Peter to	Street: 905 MC C(aflin City: Equ Clair zip: 54701	Town Uillage Eau Claire	// 16/20// (Month) (Day) (Year)
•		Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
•		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
0.		Street: City: Zip:	□ Town □ Village □ City	/ /20

0.	1	Street: 905	mc ciatlir	☐ Town☐ Village	1/10/2011
Peter Tio	Peter to	city: EGU C	101 V zip: 5470		(Month) (Day) (Year)
7.		Street:		☐ Town ☐ Village	/ /20_
		City:	Zip:	☐ City	(Month) (Day) (Year)
8.		Street:		☐ Town ☐ Village	/ /20
		City:	Zip:	□ City	(Month) (Day) (Year)
9.		Street:		☐ Town ☐ Village	/ /20
		City:	Zip:	□ City	(Month) (Day) (Year)
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		City:	Zip:	□ City	(Month) (Day) (Year)
$\Omega$ +, $\sigma$ + $\sigma$	Certifi	cation of Circulator	· vac clafi		
PELLEV (Name of Circul. personally circulated this recall petition and personally obta	ined each of the signatures on this paper. I	know that the signers are electors of the	lator's Residence – Street name urisdiction or district represented by	the officeholder named in this petit	Circulator Municipality) ion. I know that each person signed
te paper with full knowledge of its content on the date indic	ated opposite his or her name. I know their	r respective residences given. I support thi	s recall petition. I am aware that fals	,	e under S.12.13(3)(a), Wis. Stats.  Page No. (Official Use Only)
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			<b>00</b>		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT		THE NAME OF THE MUNIC	IPALITY OF RESIDENCE MUST AL	WAYS BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR R Rural address must also includ		VOTING MUNICIPALITY OF RESIDENC (Indicate Town, City, or Village)	
"Amanda Ann Hoffman	Amanda Ann Hoffman	Street: N6208 Count	14 17001 CC	Portown   Village   Hermon	13/18/2011 (Month) (Day) (Year)
Emilee Hoffman	amile Hopman	Street: NUDOS CO Rd  City: SNAWANO	U !	Arown O Village O City  Herman	(Month) (Day) (Year)
Jodi Christenson	Mariata as	Street: 8277 Yotso	RO	Sown Uvillage City Spruce	12 /23/20 <u>11</u> (Month) (Day) (Year)
Linda Warkiewicz	Kindal hallooning	street: 8328 youtso	Rd zip: 541391	eTrown Uvillage City Speuce	2   23   20   1   (Month) (Day) (Year)
Stuart Hoffman	Street 1+1/1	City: Shawano	zip: 54/66	Town   Herman	(Month) (Day) / 20/2 (Year)
Matt Hoffman	What talk	Street: NGZOB COUNTY City: Shywapo	1/2	Town   Village   HEVMAN	(Month) (Day) (Year)
•	·	Street:		☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
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0.		Street:		☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
Va. 1	Certification of	<u> </u>	/	Pn	
KEN FISCHEN (Name of Circula	ator)	fy): I reside at (Circulator's Resi	idence – Street name and N	Vumber) (Circula	ator Municipality)
nally circulated this recall petition and personally obtainer with full knowledge of its content on the date indicated by the content of the date indicated by the content of the content	tined each of the signatures on this paper. I know that the ated opposite his or her name. I know their respective to	re signers are electors of the jurisdiction ( sidences given. I support this recall petit	ion. I am aware that falsifying	g this certification is pullishable under	S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

(Month)

(Day)

(Year)

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	nstitution and S.9.10 of the Wisconsin State PURPOSES, WHEN DIFFERENT THAN MUNICIPALE		NCIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Patricia L. Stoch	Patricia L Stock	Street: 220 St. Matthews St City: Green Bay zip: 54301	Town  Village City  City  City  City	1 /24/20 <u>11</u> (Mouth) (Day) (Year)
Anna Stochr	ama Stock	Street: 220 St. Matthews St Chy: Green Bay 21p. 54301	Town Allouez	11 /24/2011 (Month) (Day) (Year)
· Patricia R Christopherson	Palla	Street: 823 Kellogg St Chy: Green Bay zip: 54303	Town Village (Treen Bay	/1 /34/20 <u>//</u> (Month) (Day) (Year)
1. Marguerite L. Bowan	Marquente J. Bowan	Street: W2911 HWY VVE City: Keshena zip: 54135	Town Village City KESIFENA	11 /24/2011 (Month) (Day) (Year)
OLIN R. CONNER	Olin R. Comer	Street: 1049 MAIN ST. City: GRESHAM ZIP: 54128	Town Sevillage GRESHAM	11  24 2011 (Month) (Day) (Year)
Ian Stochr	clar stocks	street: 220 St Matthews 5+ City: Green Bay Zip: 54301	Town Millage Allouez	11 /2 4/20 1( (Month) (Day) (Year)
Michael J. Stochr	Michael J. Stock	street: 220 St. Matthews Str. City: GREEN Bay zip: 54301	Town Myllage ALLouez	11 /24/20 <u>11</u> (Month) (Day) (Year)
Ronald G Bowon Sr	Ronald / Louon Sr	Street: W2911 Hwy VVE City: Kestiena Wi zip: 54135	Trown Willage Keshena	11  24  20 <u>11</u> (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
0.		Street: . Zip:	☐ Town ☐ Village ☐ City	/ /20
(Name of Circulated this recall patition and personally obtained	ator)	L. · · · · · · · · · · · · · · · · · · ·	GRESHA (Circulator M	Aunicipality)

culator's Residence – Street name and Number)

(Circulator Municipality)

(

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILIN	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
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1. Jacqueline Ann Fischer	Jocquelineans fischer	Street: 920 Kno KeSt  City: Gresham wI zip: 54123	□ Town	\\\/2\\/20_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
2. Julie Ann Ebert	Juli ann Ebet	street: 933 S. Bartlett St.  City: Shawano, WI zip: 54166	Town Village Shawano	11 /22/2011 (Month) (Day) (Year)
3. Kierson Miller	hust Mit	street: W9845 Cty Rd V V city: Creshan zip: 54128	Town Stillage City  City	/22/20 <u>[(</u> (Month) (Day) (Year)
Jayne Carroll	Jaine Carrall	street: 100 mader St City: Gresham W1 zip: 54121	Town Willage Cres how	1 /2 20 <u>11</u> (Month) (Day) (Year)
5. Steven Couro 1	Stee Call	Street: 160 Mayler St City: Greshau WII zip: 54128	Town Village Cyc Shen	1\ /22/20 <u>1</u> (Month) (Day) (Year)
Easle Carroll	lack anose	Street: 903 S. AUNOWS St. City: Shaman O WI zip: 64166	Town Usillage Officity  Town	
"Sam Carroll	Salull	Street: 1100 mader St City: Greshon Zip: 54188	Town Croshon City	1 (/2 +/20_[/ (Month) (Day) (Year)
NEWNETH A. FISCHER	Kunst A. Frede	Street: 920 KNOKE St City: 6R6SHAM ZIP: 54108	□ Town □ Willage □ City CLESHN M	// /3 \ 20 [] (Month) (Day) (Year)
).		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
KENNETH A. FI	Certification of Scifen	<u> </u>	St GRESH	'A m

(Circulator's Residence - Street name and Number) (Name of Circulator) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her paper. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day) (Year)

Phon

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	nstitution and S.9.10 of the Wisconsin Statu purposes, when different than municipal	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	'S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Jay Robenhagen	Jay Robenhaya	Street: 206 E. Ramsdell  City: Marion zip: 54950	Town Village Marion	12/2/20 <u>1 (</u> (Month) (Duy) (Year)
Heather Robenhagen	Deather Robinhagen	Street: 206 E. Ramsdell City: Marion zip: 54950	Town Warion	/pZ/Z/20// (Month) (Day) (Year)
Jeil Robenhagen	neil Robenhases	Street: E. 6/26 Hay 6 City: MARION W1 ZIp: 54950	Town O'llage DUPONT	/2/2/20[1 (Month) (Day) (Year)
David Juels	The Later of the l	Street: 435 Country Vila Cir City: Tigerton zip: 54486	Town Village City Tiger Ton	12 / 2/201( (Month) (Day) (Year)
aura Robenhagen	Laura Robentagen	· · · · · · · · · · · · · · · · · · ·	Town Village City Con On	
Hard I Amile	Jarold I christ	Street: W11700 Sevend Rd	RTown Village City Pella	/2/2/20 <u>11</u> (Month) (Day) (Year)
JOHN L. VAN ALLENSK	John & Van aller Si	Street: E6095 COUNTY KD 5  Chy: MARIAN WI zip:54950	Town   Village DUPONT	12/2/20 <u>11</u> (Month) (Day) (Year)
Robert A. JAhoke	1-10-1011	City: MARION, WI 2454950	Town Village MARION	12/2/20/1 (Month) (Day) (Year)
iane L. Gocke	Diane Locke	surf N11950 Evert Rd Chy. Marion, UT zip: 54950	Town City LARAPEC	12/2/20// (Month) (Day) (Year)
Im TGocke	Fin Herle	Street N/1950 EWERT RJ CHYMARION WI ZIP: 54950	Town Utillage City  ARABEE	/2/2/20 <u>//</u> (Month) (Day) (Year)
soll Euria	Certification o		Marion	

	1 Die Vinck	DYC-	and the second	Ocity Tigerton	(Month) (Day) (Year)	Phone
	David Jules		city: Tigerton zip: 54486	11901		( 7/5
i	)		Street 206 E. Ramsdell St.	☐ Town ☐ Village ↑ ↑	12/2/2011	
	11-011000 KNOOMLOOM	Harra Hole al ago.	Chy. Mayion WI zip: 54950		(Month) (Day) (Year)	Phone (7.15
	6.	Charles Grand	2 10	<b>₽</b> Town	1 1	Email
	1 1000	1 10000	Street: W11700 Sevend Rd	□ Village	12/2/20/1	Phone
	ford schmed	Harold Delmed	City: Marian zip: We	City Tella	(Month) (Day) (Year)	(70
,	7.		Street: E6095 COUNTY RD S	Town	12/2/2011	Email John
	JOHN L. VAN ALLENS		City: MARIAN WI Zip: 54950	G Village DUPONT	(Month) (Day) (Year)	Phone (7/5
	OUHN LIVAN MULLOS	Good Color of the	City: ///AKION WI Zip: 3 4 / 50			Email ( / / J
	o.	Robert a marke	Street: 6/0 NE5 Street	Town Village MAD LCA	12/2/20/1	
	Kobert A. JAhoke		CHY. MARION, WI ZIPE 54950	City /ARION	(Month) (Day) (Year)	Phone 715
	9.		WILLIAM CHARL PA	Town	1-1-1	Email
	Nº 1 Cala	$  1 \rangle \cdot \psi_{h}$	Stred! V M CUC N CUC	Town  Village  A DA OCC	12/2/2011	Phone
	Dane L. Goure	Manich Locke	City: Marion, UTT zip: 54950	City LARABLE	(Month) (Day) (Year)	-75
	10.		Street/V11950 EWERT RJ	<b>■</b> Town	12 /2/2011	Email
	TTCK			□ Village □ City /	/2 / 2 / 20 // (Month) (Day) (Year)	Phone
4	JIMNGOCITE		CityMARION WI Zip: 54950	harabee	(Month) (Day) (Teal)	715
		Certification o	of Circulator			
I,	Scoll Gerbig	, (certif	fy): I reside at 815 HE 579 57	Marion	·	Circulators
Ino	(Name of Circul	lator)	(Circulator's Residence - Street name and	d Number) (Circulator M		Phone
the p	paper with full knowledge of its content on the date indicate.	ated opposite his or her name I know their respective r	he signers are electors of the jurisdiction or district represented by the esidences given. I support this recall petition. I am aware that falsifyi	ng this certification is punishable under S.12.1	3(3)(a), Wis. Stats.	Email
	12 / 3 /20 //	- Saon &	elon	Paga No. Tob	Did Use Only)	Eman
	(Month) (Day) (Year)		(Signature of Circulator)	្រុបមក	<b>4</b> •	<u> </u>

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	IG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mary Schabow	Mary Schabow	Street: 917 Knoke St POBOX 151 City: Gresham zip: 54128	Town Village City 6RESHAN	12 /11 /20/1 (Month) (Day) (Year)
Arthur Schabow	arthur Schabow	street: 917 Knoke St. po Box 1.51 city: Gresham zip: 54/28	□ Town  Styllage □ City  City  CESHA	/2/11/20_11 (Month) (Day) (Year)
Gail Hoffman	Dail Hoffman	Street: N7455 5. Schmidt Rd. City: Gresham W1 21p: 54128	Lat.   O	12/14/20 <u>11</u> (Month) (Day) (Year)
Sava Boucher	Saw Bercher	street: 804 Oak St City: Shawano, WI zip: 54166	Town Village Shawano	12/18/2011 (Month) (Day) (Year)
Mike Hoffman	mile Hopman	Street: N7455 Sc Schm. St Rd 54128 City: Greshan WF zip:	City Springs	12/18/2011 (Month) (Day) (Year)
Doris Hamm		Street: N7455-5-5h midt Rd CHy: 6- pes 1 2m Wing: 54128	Trown RED Willage Springs	
MAller Hohersee	(110 Stales	Street: W11408 Cty G City: Gresham W1 zip: 51/128	Nown City 14 Crynan	/2/21/20_11 (Month) (Day) (Year)
Deb Hohensee	1 / 1 4 / 7	Street: W1140 Gty G City: Gresham W1 Zip: 54128	NTown □Village □City □City □City	(2/2(/20/( (Month) (Day) (Year)
Michellettoffman	1100 01 10011 00 -1	Street, WII 498 Maple Ridge Rd City: Gesham, WI zip: 54128	ZNTown Utillage City Herman	(2/22/20]\ (Month) (Day) (Year)
Colleen M. Smith	Colleen M Smith	Street: 820 Hoffman Street City: Gresham, WI zip: 54/28	Town Stillage Circham	12/2/2011 (Month) (Day) (Year)
KENNEIN A. F.	Famous I	of Circulator	C. Dreil.	
(Name of Circule ally circulated this recall petition and personally obtainer with full knowledge of its content on the date indica-	lator) latined each of the signatures on this paper. I know that the cated opposite his or her name. Know their respective re	ify): I reside at (Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying	e officeholder named in this petition. I know that ing this certification is punishable under S.12.1.	hat each person signed 13(3)(a), Wis. Stats.
<u> </u>	- Kunth A	Tupu		ficial Use Only)

(Month)

(Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

2. Dennis Vandem Devar Devar Thomballane Street: 129 W 4th Street: 129 W 4th Willage Kaykayar (Month) (Day) (Year)  3. Thomas L. Car Devar Thomballane Street: 545 Linoa et.  City: Kaykayar Zip: 54/30 City Kaykayara Zip: 54/30 City Kaykaya	Email Phone Email
2. Denvis Vandem Denvis City: Brillian Street: 1209 W 4th City: Krimberly Zig54136 City: Kaukauna Zig: 54130 City: Kaukaun	Phone Email Phone Email
Thomas Work Devant / home fact lawe street: 375 L/nDA et.   Village Kaykayun   Village Ka	Phone  Phone
City: KAUKAUNA Street: 214 Klein ST Drown Williage / K. MA 16/20	Phone
City: Kaukouna zip: 54/30 City Kaukauna (Month) (Day) (Year)	
Susan Hill Susan sky street: 548 Wildwood Town Village Kurkarna (Month) (Day) (Vear)	Phone
Richard Hill Burhard W Vill City: Arbor V; tal Zip: 54568 City Arbor Village Arbor Village (Month) (Day) (Year)	Filone
Stacy Hill-Roy Street: 548 Wildwood Town Village Kaukauna 12/6/20_ (Month) (Day) (Year)	Phone
Street/57 Woodland ct. Town Village Four Kauka Village Four Kauka (Month) (Day) (Year)	Email Phone
Marshall Bayorgeon Marshall Bayorgeon Chy: Kankana Zip: 54,30 City Kankana (Month) (Day) (Year)	Phone
O. Street: 134 Spring Trown Town Village Rity Chillen WI Zip: 53014 City Chillen WI (Mouth) (Day) (Year)	Phone
Certification of Circulator  (Name of Circulator)  (Name of Circulator)  (Circulator)  (Circulator of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed or with full knowledge of its content on the date indicated opposite his or her pame. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.	Cir

(Year)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS  AND POLICE OF THE MUNICIPALITY USED FOR MAILING  PRINTED NAMES OF ELECTORS	S PURPOSES, WHEN DIFFERENT THAN MUNICIPAL  SIGNATURES OF ELECTORS	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	ICIPALITY OF RESIDENCE MUST ALWAYS  VOTING  MUNICIPALITY OF RESIDENCE	
	SIGNATURES OF ELECTORS		1	DATE OF GIGNING
Laven Biles	$\wedge$		(Indicate Town, City, or Village)	DATE OF SIGNING
<u> </u>	Mu Palis	street: 101 FAIRWay St City: Combined (XK)11.54113	Town Village Com bined lcke	12/7/20// (Month) (Day) (Year)
DOHO Beloggia	J. Po	Street: 300 W. 4/4 St#2  City: KAUKAUNA : Zip: 57/30	D Town Village City  KAUKAUDA	/2/7/20/(Month) (Day) (Year)
Lee Vik	Ju VI	Street: 1613 W STE ST City: Apple Tool Zip. 54814	U Town U Village U City  Apple Tod	/2/8/2011 (Month) (Day) (Year)
STEUEN BROWN	Steve Bree	Street: 403 mag HEW ST City: KIMPERLY Zip: 54136	D'Exyillage City Kimber	(Month) (Day) (Year)
SUSAN KOEHLER	Susan Kochler	Street: W1523 (ty frk 9) City: Chitton Will 21953014	A Town-NAC'S TOWN   Village   City   City	12 /4 /201 (Month) (Day) (Year)
AURA FRITSCHEA	Laura Fratschlu	Street: 210 Robin Oune City: Chilton WI zip: 530/4	Drown Village Chilton	12/9/2011 (Month) (Day) (Year)
Steve Ver Voort	Blu Vin Vort	City: Hilly eft WI Zip: 54129	Detown Uvillage City RuntouL	12/25/2011 (Month) (Day) (Year)
Elaine Fritschka	Elving thut Clk	City: Hickert W/ Zip: 54129	City Rantoul	/2 /25/20
Kylebartel	Myh bu	Street: W3025 State LD City: Chilton W1 zip: 53014	Trown Uvillage City Chilton	/ Z / Z5/20_// (Month) (Day) (Year)
it Fritsmka	ammonitamin	Street: W874 RIVURVIUW Rd  City: HINDURT WE Zip: 54129	City RANTOUL	12 /29/2011 (Month) (Day) (Year)
Mick Fritse (Name of Circu	lator)	of Circulator  ify): I reside at (Circulator's Residence - Steet name and the signers are electors of the jurisdiction or district represented by the		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Dorothy Metz	Drotty Wetter	Street: 2525 OAK was Are City: Green Bag, Zip: We'	Town City Close	/2/l/20 lm (Month) (Day) (Year) Email
		Street:  City: Zip:	□ Town Official City	/ /20   Email   Email   Pho
3.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ 20 Pho
4.		Street: City: Zip:	□ Town □ Village □ City	/ 20 Pho
5.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20   Email   Email   Pho
6.		Street: City: Zip:	□ Town □ Village □ City	/ /20   Email
7.		Street: City: Zip:	□ Town □ Village □ City	/ 20   Email   Email   Pho
8.		Street: City: Zip:	□ Town □ Village □ City	/ 20   Email
9.		Street: City: Zip:	□ Town □ Village □ City	/ /20   Email
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20   Email   Pho
	Certification (		\\ \frac{1}{2}	
(Name of Circulersonally circulated this recall petition and personally obta	lator)	(Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the		Municipality) that each person signed
paper with full knowledge of its content on the date indic ////20_///20_//	cated opposite his or her name. I know their respective	residences given. I support this recall patition. I am aware that falsify (Signature of Circulator)	ng this certification is punishable under S.12	13(3)(a), Wis. Stats.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Terry Ann Trickle	Henry hickie	Street: NGII Lawn Rd City: Leymon Zip: 54/165	Village & Lesser □ City	//////////////////////////////////////
z. Traycee England "	Toughe Eigland	Street: 7Wason Whell M City: Appleton zip: 549/3	Trown Chulled Court Court	// // /20 <u>//</u> (Month) (Day) (Year)
3. Craig Mallett	C; Mall	Street: 2536 Shade Tree Ln CHy: Howard WI zip: 54313	□ Town □ Village □ City Howard	(Month) (Day) (Year)
Elaine England	E. England	Street: W53A4 Quarry Rd City: Appleton zip: S4913	Trown Center	11 /24/2011 (Month) (Day) (Year)
s. DOUGLAS F ENGLAND	Douglas & England	Street: W 5344 QUARRY RD City: APRETUN W, Zip: 54913	Ø Town ☐ Village ☐ City  CENTR	// /24/20 <u>11</u> (Month) (Day) (Year)
Allie England	Allie England	street: W5362 Quarry 12d.  City: Applicton W1 zip: 54913	© Town □ Village □ City □ CCN+C	11 /24/20 11 (Month) (Day) (Year)
John Van Handel	I have Van Homobil	Street: 7 Wagon Wheel Dr  City: Appleton zip: 54913	□ Village □ City	11 /39/2011 (Month) (Day) (Year)
Mindee Terrocina	man	Street: 5501 W Natures Ln City: Appleten zip: 54914	City Grand Chute	12/6/20_1( (Month) (Day) (Year)
Jennifer VandenBer	John Lander Sey	Street: 1800 Enanguila Land City: Kaukauna zip: 341.30	Town Village Kawlauna	12/4/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
Name of Circul onally circulated this recall petition and personally obta per with full knowledge of its content on the date indice	ator) ained each of the signatures on this paper. Henow that t	ify): I reside at  (Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying the control of the presidence given.	d Number) (Circulator I officeholder named in this petition. I know the	hat each person signed
(Month) (Day) /20 (Year)	2 July	(Signature of Circulator)	,	official Use Only)

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Dave Kaczrowski ,	Ine Therwork's	Street: 626 & Church st City: Mishicat zip: 54228	Town City Mish. Cot	) 2/17/2011 (Month) (Day) (Year)
anya Kaczeowski	JanyaKaezrani	Street: 626 F: Chuch Street City: MIShicot zip: 54278	City Mish. Lat	12/17/20 <u>11</u> (Month) (Day) (Year)
Britany Faber	Briting	Street: 7307 Lax Chapel Bd  City: Kiel zip: 53042	Prown Village City Eaton	
PacyWohlgenuth (	Dracy Johnson &	street: 7307 Lax Charget Roll City: Kiel zip: 5304Z	City Faton	
bldemart Wollgemuss	DM 12	Street: 7307 Lax Chapel Rd city: Lill zip: 53042	ATown   Village   City	)2/17/2 <b>d</b> 1 (Month) (Day) (Year)
HARCI GERRITS.	Jankeni b	Street: 2731 Meadowview St. City: Kaukalina zip: 54130	Town   Village   KAUKHUNA	[ / 7/20[2] (Month) (Day) (Year)
Jacob Net	Jacob Net	City: Little chute zip: 54140	Drown City Little chute	(Month) (Day) (Year)
Corey Hansel	my? Hand	City: Kaukauns zip: 5433	Town Stillage City CONCING	/ /S/20_2 (Month) (Day) (Year)
Bom Brews	210	Street: 3301 Hank, here I	□ Town □ Village □ City	(Month) (Day) (Year)
<b>U.</b>		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
Ta) 1/ /	Certification of		1. 14 4 11	_ ル
(Name of Circulared this recall petition and personally obter with full knowledge of its content on the date indicated the content of th	lator) ained each of the signatures on this paper. I know that th	fy): I reside at 2 142 Obe Country Ci (Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the esidences given support this recall petition. I am aware that falsifying	officeholder named in this petition. I know the	Aunicipality) nat each person signed 13(3)(a), Wis. Stats.
1 8 /20 12 Wanth (20 12	Yosh	(Signature of Circulator)		final Use Only)

(Year)

(Month)

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Saran Stoeger	Sanah Stugger	street: W2398 Holly Lane city: Appleton zip: 54915	Uvillage Buchanan	12/23/2011 (Month) (Day) (Year)
Pave Sanders	Pre Sondas	Street: 1607 Peach tree at  City: Kan Mana zip: 54130	Town Utillage Kaukaung	(YZ  23 20 <u>11</u> (Month) (Day) (Year)
PENNIS MICRE	Jane V. Mick	Street: W22/3 SCHMINT RQ City BRILLION, WI Zip: 54/18	WrTown □ Village □ City □ City	/2/23/20//(Month) (Day) (Year)
yler Vander Heiden	Tyler Vander Gerden	street: JO9 East 8th Street  City: Kunkanna zip: 54130	Town Village Recity  Kankauna	U /J3/201 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
	dator), (certained each of the signatures on this paper. I know that	n of Circulator  rtify): I reside at 7/0 H G H 57 Residence - Street name and the signers are electors of the jurisdiction or district represented by the presidences given I support this speall petition.) am aware that falsifying the presidences given I support this speall petition.)	officeholder named in this petition. I know t	

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and S. Bilbert	Caul Cailled	Street: NS629 Rustic Dr. City: Clinton ville WI zip54929	Town Uillage	Belle Plaine En awano Co.)	12/13/2011 (Month) (Day) (Year)	Email Phone
Carol S. Bilbert  2. William J. Gilbert  3. Stanley B. Johnson	1220 Dilbut	street: N2629 Rustic Drive City: Clintonville WI zip: 54929	Town Uillage City	Belle Plaine (Shawano Co.)	12/13/20(Month) (Day) (Year)	Email,
3. Stanley B. Johnson	Stage flu	City: Appleton Zip: 54914	Town □ Village □ City	Grand chute	12 /16/20/1 (Month) (Day) (Year)	Email Phone
Joyce L. Johnson	Joyce L. Jahnson	Street: 3417 Northridge Lane City: Appleton zip: 54914	▼ Town □ Village □ City	Grand Chute	12/16/20_// (Month) (Day) (Year)	Email Phone
Joyce L. Johnson  5. Mary B. Burow	Mary B. Burn	Street: W8050 Hillard Ct.  City: Hortonuille zip: 54944	▼ Town Uillage City	Greenville	12/16/2011 (Month) (Day) (Year)	Phone
6.		Street: City: Zip:	☐ Town ☐ Village ☐ City		/ /20(Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	□ Town □ Village □ City	in the second se	/ /20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City		/ /20(Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City		/ /20(Month) (Day) (Year)	Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	-	/ /20(Month) (Day) (Year)	Email Phone
, , , , , ,	Certification	<b>A</b>			`	
(Name of Circu ersonally circulated this recall petition and personally obt paper with full knowledge of its content on the date indi	lator) sained each of the signatures on this paper. I know that t	ify): I reside at <u>5830 W. Sandra</u> (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying	officeholder	Crowd Cy (Circulator Manamed in this petition. I know the cation is punishable under 1/2 1/2	Aunicipality) nat each person signed	Cir
(Month) / (Day) / 20 \ (Year)	Janue Mor-	(Signature of Circulator)		- U : U : 1 - L : 1 Page No. (o,	fficial Use Only)	i
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER C Rural address must also in		VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
LORRAINE M. PHILLIPS	Sursing MAhiston.	Street: 125 BYRD AVE	= - RM 510 00 50 zp: 54956	Town Village Reenah DP	01 /06/20 <u>12</u> (Month) (Day) (Year)
PAUL A. BREWER.	Galf Brown	Street: 1709 DUBLI	NTRL#23 zip: 54956	City Reenah DP	0//09/20/20/20/(Year)
		Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
<b>1.</b>		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
5.		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
5.		Street:	Zip:	□ Town □ Village □ City	//20(Month) (Day) (Year)
7.		Street:	Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)
		Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
	·	Street:	Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
0.		Street:	Zip:	□ Town □ Village □ City	//20(Month) (Day) (Year)
·	Certification of	<u> </u>			1
DONNA L. PHILLIPS (Name of Circulated this recall petition and personally obtain	, (certificator) , interest on this paper. I know that it	fy): I reside at(Circulator's	Residence - Street name and ion or district represented by the	d Number) (Circulator Monographics) (Circula	Municipality)

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Vander Boogaard	Brush a david	Street: NG9 49 Cty 12d 13B  City: Hilbert zip: 5412	Town   Village   City   We be Ville	(2 /31/20 <u>//</u> (Month) (Day) (Year)
ary Valentyne	Son Valita	Street: 527 Lamers Rd City: Kimberly Wi zip: 541.	Town	/2 /3 // 20 // (Month) (Day) (Year)
udy Valentyne	Judy (plantipe)	Street: 527 Lamers Pd. City: Kimberly Wi. zip: 54/3	D'ITOWN Village City it inherty	12/3//20 <u>11</u> (Month) (Day)_ (Year)
and Unlentyre	MU	Street: 527 Lamers Rd City: Kimberly VI zip: 541	36 City Kingle	/ /2 /20[2 (Month) (Day) (Year)
and Vander Brognard	Brad Vand Bage	Street: 8/55. 5: 40 Jes 54 City: Applificat W. I. zip: 549	Town   Village   To City   Oppleto N	(Month) (Day) (Year)
anda Vanden Parapaand	Zurda Vandon Boresport	Street N6949 County Rd BB City: Hilbert Zip: 5412	4 City Woodville	1 /6 /20 1Z   (Month) (Day) (Year)
nielle Vanden Boogaard	Daniell Vander Pagaard	Street: N/0949 Cty Rd BB City: Hilbert Zip: 5412	Village City Woodville	(Month) (Day) (Year)
jetty Seidl	Belty Seidl	Street: 5/8 Michael City: Combiled Lock zwisc	U Town Willage Combined had	(Month) (Day) (Year)
	Š	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
MävK J. Van Os (Name of Circui		of Circulator ify): I reside at		Municipality)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNIN
i. Rick Uanden Wyng ad Rio	In Halaly great	Street: 211 SJOHN ST. City: KIMBRAUY WI Zip: 54136	Town Q Village City Kin Bhaly	12/9/20_ (Month) (Day) (Year)
Tami Aubry	AAy	Street: 901 N-Hawthorne DK. City: Appleton WI zip54915	Town Opplefor	/2//20/20_(Month) (Day) (Year)
Philip Vanden Heuvel	Phillander Heurel	Street: 909 East First St.  City: Kimberly WI zip:54134	Down City Kinbert	/20/20/ (Month) (Day) (Year)
Doug Tessen	Duy Gesser	Street: 17 FLORAL OR, City: KimBerly zip: 54136	Town Stillage City Kimberly	(Month) (Day) (Year)
DAUTO NEUMANN	Covid Neumann	Street: 526 LAMERS RD.  City: KIMBERLY , WI zip: 54136	D Town  Note: Town  City  City  Capable  Capable	/a //a/20_(Month) (Day) (Year)
ED BOGARD	Ed Bogard ;	City: appleton Wr zip: 54915	City HARISON	12/14/20_ (Month) (Day) (Year)
Robert Berken	Rober Berken	Street: 182 Grant St City: Little Chite WI Zip: 54140	Town Stillage City Little Chite	12/15/20_ (Month) (Day) (Year)
LIOTO HERMSEH	flage oternsen	Street: 117 S BIACH City: 171MBERL + Zip: 54136	D Town Village 4 1 1 1 0 6 B 3 F City	19/16/20_ (Month) (Day) (Year)
ike Grotegher	Mil De tale	city: Kimberly W) zip: 54136	Town Village Rowledge	12/15/20/(Month) (Day) (Year)
o. Mike Bosch	Milal Bal	Street: 225 Williams 57 CHESTINE LOCKSLIP 54113	Trown combined City Locks	2/8/20 <u>1</u> (Month) (Day) (Year)
	Certification	of Circulator	1. 1	
Mank J. Van O. (Name of Circu		ify): I reside at 533 Lamers Rd. (Circulator's Residence – Street name and	KIMber k 1 Number) (Circulator M	, 

**®** 

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Servet: 830 E Elm 19-20    Town of Villam Relate   12   19   20   1   1   1   1   1   1   1   1   1	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Street:     Town	Nilliam Robach	William Robach	Street: 830 E EOm 27 - 3D  City: Fittle Chutt zip: Wi 54140	Village	/3 /9 /20 <u>//</u> (Month) (Day) (Year)
Street:   Town   Village   City   Commb   Chap   Crear	DEUNS DE BRUIK	Demis De Bruid	Street: 16847 N. SURPROE LY.LV. City: TOWNSEND W/ 21pt54175	☐ Village	/2/20// (Month) (Day) (Year)
Street:   Town   Village   City   Commb) (Dwy)   Commb   Composition   City   Commb   Composition   City   Commb   Composition   City   City	Iaro/DeBruin	Carol ble Bruin	Street: 16847 M. Surprise LR. La City: Journal Zip: 54130	Town	
Street:			Street:	☐ Village	
Street:				☐ Village	' '
Street:				□ Village	
Street:   Town   Village   City   City   Village   City   City			Street:	☐ Village	, , <u> </u>
Street:    Town   Village   City   City   (Month) (Day) (Year)	•		Street:	☐ Village	1 / /
	•		Street:	☐ Village	, , , <del>_</del>
Street:    Street:   Town   / 20   Village   City   (Month) (Day) (Year)	0.		Street:		, , <u> </u>

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNIN
· Merk Sonders · Anthony Schuette	22/5_	Street: 140 S. Wain St City: Kingberly Zip: 5435.	Town Kimber K	(Month) (Day) (Year)
Anthony Schuette	anety Eschnetts	Street: N/831 Nonth Rd City: Green ville Wi zip: 54942	Strown   Village Greenville   City	
•.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20_ (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20_ (Month) (Day) (Year)
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0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20_ (Month) (Day) (Year)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content on the date indicated opposite his or her name. I knowledge of its content of the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or her name in the date indicated opposite his or he (Month) (Day) (Year)

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	· · · · · · · · · · · · · · · · · · ·		VOTING	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Arthur Selback	Arthur Selboch	Street: 814 Warsaw St. City: Menasha zip: 546	152 Gerry Menasha	11 /29/2011 (Month) (Day) (Year)
Arthur Selbach Linda Clendenning	Lew a Clinden	Screet: 1215 Pheasant Creek	Timage A C C C C C C C C C C C C C C C C C C	/3 /20 L (Month) (Day) (Year)
	•	City: Zip:	☐ Town☐ Village☐ City	/ /20(Month) (Day) (Year)
	± 1	Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20(Month) (Day) (Year)
	1	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
	# 1	Street:	□ Town □ Village □ City	/ /20
	. # 	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
	; \$	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		of Circulator  tify): I reside at \$24 Waysaw	St Menasha	
(Name of Circula	ator)	(Circulator's Residence - Street r t the signers are electors of the jurisdiction or district represent	name and Number) (Circulator	Municipality)

(Signature of Circulator)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Shirley Jensen	Shirley Jensen	Street: 1801 N. Wilman City: Oppletion zip: 5491)	Town Village City City	///2012 (Month) (Day) (Year)
	7	City: City: Zip: 3 (*(1)	'	+-,,,
		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
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		Street:	── □ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
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·			□ Village □ City	(Month) (Day) (Year)
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			☐ City	(Month) (Day) (Year)
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		Street:	□ Village	/ /20
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·		Street:	── □ Village □ City	/ /20
		City: Zip:	L City	(Month) (Day) (Year)
		Street:	☐ Town	/ /20
4		OR SCH	── □ Village □ City	/ /20 (Month) (Day) (Year)
		City: Zip:		(Month) (Day) (Year)
) <b>.</b>		Street:	□ Town	/ /20
			── ☐ Village ☐ City	/ / ZU (Month)*(Day) (Year)
	Certification	City: Zip:		(201)

<u> </u>	City: Zip:	1 '
	Certification of Circulator	
1. Steve Lawson	, (certify): I reside at 1680 Flowers Mill Drive	Grand Rapids Township,
(Name of Circulator)	(Circulator's Residence – Street name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained	each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder n	amed in this petition. I know that each person signed
the paper with full knowledge of its content on the date indicated of	pposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certifica	ation is punishable under S.12.13(3)(a), Wis. Stats.
1 10 /2012	Stor James	Page 119. Hofficial Use Only)
(Month) (Day) (Year)	(Signature of Circulator)	1) U 1 + 0
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Brian G Humphrey	Bury Hupbry	street: 562 Buchanan Rd City: Combined Locks zip: 54/13	Town Combined Locks Utillage City	///0/20)2 (Month) (Day) (Year)
Kate Voecks	U. A. Mrech	Street: 608 E. Pandall St. City: ADD/P fon, W. 21p: 549//	Town Village Apply ton	//0/20/2 (Month) (Day) (Year)
Deborah S McMorrow	Deboul Million	Street: 1140 Ridge Ct City: Kaukauna zip: 54130	□ Town □ Village ☑ City Kaukauna	) / / / 20 / 2 (Month) (Day) (Year)
Mike Me Morray		Street: 1140 Ridge CT City: Kaukauna zip: 5413	Town Village Kaukaan 9	//////////////////////////////////////
Jennifer Bartels		Street: 121 Emckinley Ave City: Little Chute zip: 54/40	City LittleChute	////2012 (Month) (Day) (Year)
Allison Bartels	allo Bart	Street: 401 Wilson St City: Little Chute zip: 54140	Town Village Little Chute City	1 /10/20 <u>13</u> (Month) (Day) (Year)
Heather Teske	Hather Teske	Street: 2008 E Bradley Lane City: Appleton zip: 54915	D'O'N Appleton	1 / 1 / 20 12 (Month) (Day) (Year)
LIZABETH CARLSON	Elexiser Corlson	Street: 628 S. SUMMIT ST.  City: Appleton zip: 54914	□ Town □ Village □ City □ City	1 /10/2012 (Month) (Day) (Year)
		Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
).		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
	Certification of	of Circulator	, , ,	<u></u>

1		city: Combined Locks Zip. 54/13	☐ City	(Month) (Day) (Year)	Ph
2. Late Voecks	Un Allbech	Street: 608 E. Pendall St. City: Apple fon (1) 2ip: 549//	Town Village Appleton	//b /20/20/(Year)	En Ph
Deborah S Mc Morrow	Deboul harhow	Street: 1140 Ridge Ct City: Kaukauna zip: 54130	□ Town □ Village □ City Kaukauna	) / / 0/20/2 (Month) (Day) (Year)	En Ph
"Mko Mc Morrar		Street: 1140 Ridge CT City: Kaukaana zip: 5413	Town Utillage Kaukaan 9	//////////////////////////////////////	En Ph
Jennifer Bartels		Street: 121 Emckinley Ave City: Little Chute zip: 54/40	Town City LittleChute	1 /10/2012 (Month) (Day) (Year)	En ( Ph
Allison Bartels	allis Boot	street: 401 Wilson St City: Little Chute zip: 54140	Town XVillage Little Chute	1 /10/20 <u>12</u> (Month) (Day) (Year)	En Q Ph
Heather Teske	Heather Teske	street: 2008 E Bradley Lane  City: Appleton zip: 54915	Town Dillage Appleton	1 / 19 ₂₀ 12 (Month) (Day) (Year)	Ph
LIZABETH CALLS	Elexiser Corlson	Street: 628 S. SUMMIT ST.  City: Appleton Zip: 54914	□ Town □ Village □ City □ City	1 /10/2012 (Month) (Day) (Year)	Ei Pi
		Street: City: Zip:	□ Town □ Village □ City	//20	Ei Pi
).		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Ei Pi
1 1 0 1	Certification (	of Circulator	, , , (		
Leah Schoenbe	)/LM, (cert	tify): I reside at <u>902 E.A.M. S</u> t	- Appleto	M	
(Name of Circulated this recall petition and personally of	ulator)	(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the	· · · · · · · · · · · · · · · · · · ·		
		residences given. I support this recall petition. I am aware that falsifyi			
// 10 /20/		(Signature of Circulator)	Page No. (0	fficial Use Only)	
(Month) (Day) (Year)		(Signature of Circulator)		. 1 i	

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

			VOTING	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
	1	street: 208 W. Parkway	☐ Town ☐ Village	1/10/20/
Dave Egstman	Tuy lashar	City: Appleton zip: 54911	D'City Appleton	(Month) (Day) (Year)
		Street: 208 W. Parkway	☐ Town ☐ Yillage	1/10/2012
Dave Eastman Lori Eastman	Doi Eastma	city: Appleton zip: 5411	Rity Appleton	(Month) (Day) (Year)
		street: 70 Dutch Harbor Est.	Town Stillage Little Chute	11/10/2013
Ovena A Garag	Mona Cittura	City: Little Chute WI Zip: 54140	Ecity LMU CIUTE	(Month) (Day) (Year)
	2000	Street:	☐ Town ☐ Village	/ /20
		City: Zip:	☐ City	(Month) (Day) (Year)
		Street:	□ Town	/ /20
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) <b>.</b>		City: Zip:	□ Town	1 1
		Street:	<ul><li>─ □ Village</li><li>□ City</li></ul>	/ /20 (Month) (Day) (Year)
	. Certification of	City: Zip:		
Leah Schoenbo	h m	ify): I reside at 902 E. Alton S	And t	•\[\sigma]

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

THE MUNICIPALITY USED FOR MATLING	FPURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
LENORE GEISTHARDT	June Seithat	street: 1013 5 Mason St City: Appleton zip: 54914	Town Village Applefor	$\frac{l}{l} \frac{l 0/20 l}{\text{(Month) (Day)}} = \frac{2}{l}$
Michelle Aldrowski	miela (2) rechouse	street: 4185. Walden Jul	Town Village City CO	\\\( \lambda \
Thuck Knoeck	Church Knowl	Street: 1446 Baytree Lave City: Veryal zip: 54456	Town Village / Le yah	///0/20/2 (Month) (Day) (Year)
Julie ll padnuski	Les Gagniste	Street: 1351, N. MUDDECT Chy. CLOS CHO. W. T. Zip: SYGY	Town Village City	(Nonth) (Day) /2017
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
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~			7 77 87	
1.LENORE GEISTHARDT	Henry Geithast	street: 1013 5 Mason St	□ Town	1/10/2012
	A Marian	city: Appleton zip: 54914	Scity Appleton	(Month) (Day) (Year)
2. Wichella Aldrusti	muelallo/reahouse	Street: 4185. Walden Jul City: And Hon WI zip III	Town   Village	\\\( \lambda \/ \lambda \/ \lambda \/ \lambda \/ \lambda \lambda \lambda \lambda \\ \lambda \/ \lambda \lambda \\ \lambda \/ \lambda \\ \lambda \/ \lambda \\ \lambda \/ \lambda \\ \lambda \/ \lambda \/ \lambda \\ \lambda \/ \lambda \\ \lambda \/ \lambda \/ \lambda \/ \lambda \\ \lambda \/ \lambda
3. Chuck Knoeck	Chu Lange	street: 1446 Baytree Lave  City: Veeyal zip: 54456	Town Village RCity Le Man	//0/20/2 (Month) (Day) (Year)
Julie llazdaski	Le Grady Ale	Street: 1351, D. Mispelt  City: (198049) (1) T. zip: \$4914	Town Village City	(Month) (Day) (Year)
5.		Street:  City: Zip:	□ Town □ Village □ City	/ /20I
<b>5.</b>		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20
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<b>).</b>		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20F
10.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20   H
P. 1 1 1 1	Certification (	of Circulator		
Robert Konitz (Name of Circularially circulated this recall petition and personally obtained in the circularian state of the circularian state of the circular and personal state of the circul	ator) ained each of the signatures on this paper. I know that t	ify): I reside at 480 Nicolet Blud (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	d Number) (Circulator I e officeholder named in this petition. I know the	Municipality) hat each person signed

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Brenda Ash	Brenda ash	street: 8377 Wozniak Rel  City: Armstrong Creek zip: 54103	D'Town Armstrong Creek	1 /9 /20 <u>12</u> (Month) (Day) (Year)
Adolph Kawalkowski	Brenda ash adolph Kowalkowski Michelle Johnson	street: 8377 Wozniak Rd  City: Armstrong Creek zip: 54103	Ditown Armstrong Otity Creek	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Michelle Johnson	Michelle Johnson	Street: 2114 S. Walden Ave City: Appleton WI zip: 54915	□ Town Appleton □ Village □ City	1/10/2013- (Month) (Day) (Year)
•		Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
•		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
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•		Street:  City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
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L		Certification of	<u> </u>	or	Elp.			
Candice N	Nulph	, (certify)	): I reside at _	2201	S. Walden Ave		Appleton	N
		lator) ained each of the signatures on this paper. I know that the atted opposite his or her name. I know their respective resi		tors of the jurisd		e officeholder named	(Circulator M. in this petition. I know the	at each person signed
(Month) / [Oay)	/ <u>2012</u> (Year)	(Andia	(Signature of	Circulator)			Page No. (0)	ficial Use Only)
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THE MUNICIPALITY USED FOR MAILING	FURPOSES, WHEN DIFFERENT THAN MUNICIPALE	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Robert D. Roberts	Robert B Robert	street: 3408 State Hwy 139 City: Long Lake, WI zip: 54542	Motown Village City Long Lake	2/10/20   (Month) (Day) (Year)
Patricia M. Roberts	Patricia, n Robert	Street: 3408 State Hwy 139 City: Long Lake, WI zip: 54542 Street: 3408 State Hwy 139 City: Long Lake, WI zip: 54542	Village Cong Lake	
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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resa L. Roberts	Certification of		1 1 1	

				City:	Zip:	☐ City	(Month) (Day) (Year)
			Certification	ı of Circulator			
Teresa	L.	Roberts	, (ce	ertify): I reside at 71	3 E. Marquette Stre	et	Apoleton
		(Name of Circulator)			irculator's Residence – Street name ar		(Circulator Municipality)
							ed in this petition. I know that each person signed in spunishable under S.12.13(3)(a), Wis. Stats.
01,	10	/20/2	Lerser 2 for				Page Mos (Official Use Only)
(Month)	(Day)			(Signature of Circul	ator)		110411144
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
	No. 14 0+	Street: 533) W spencer St	Extrown Grand Chute Utiliage City	11/24/2011
eather Star	Heather Shan	city: Appleton zip: 54914	Li City	(Month) (Day) (Year)
,	Heather Stein  aux ext  Biens W. Stur	Street: 718 E. Marquette St	Town A PP(ETON	11/24/2011
Amanda Starr	aun la	City: Appleton Zip: 54911	City 88	(Month) (Day) (Year)
•		street: 718 E Marquette st  City: Appleton zip: 54911	Town PPLETON 81	11/24/2011
Brian Starr	Mine W Stre	City: Appleton zip: 54911	<b>E</b> City SJ	(Month) (Day) (Year)
		Street:	☐ Town ☐ Village	/ /20
		City: Zip:	□ City	(Month) (Day) (Year)
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•		Street:	☐ Town — ☐ Village	/ /20
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	10.				Street:			☐ Town ☐ Village		/ /20_
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				Certification	of Circulato	r	· . · · · · · · · · · · · · · · · · · ·			
I,	STEPHEN 1	M STA	RR	, (ce	rtify): I reside at _	718 E	MARRIETTE	57	APPLETON	
		(Name of Circu				(Circulator's	s Residence – Street name	and Number)	(Circulator M	
	rsonally circulated this recall petition paper with full knowledge of its conte		cated opposite his or he	er name. I know their respective	ve residences given. I					
	1 1 10	120 12	<u></u>	Eplen M St					Page No. (0.	fficial Use Only)
_	(Month) (Day)	(Year)	<del>-</del>		(Signature of C	Circulator)	_		0 <del>€</del> 374	.5 <b>A</b>
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	F PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. John Kelley	Jell. We	street: 440 Highland Dr. City: Waypaca zip: 54981	Town Village Wanpaca	//0/20 <u>f2</u> (Month) (Day) (Year)	Phone
² Jillian Gordon	Glein Gordon	street: 916 S. Schaefer St.  City: Appleton zip: 4415	Town Village Appleton	// 10/2012 (Month) (Day) (Year)	Phone
Elaine Hanke	Elaine Hanke	Street: 2597 Forest view ct City: Appleton W1 zip: 54915	Town Utilage Jown of Menash	///0/2012 (Month) (Day) (Year)	Phone
Milagros Perkovich	Milagus & Arland	Street: 706 S. Frederick St.  City: Appleton zip: 54915	Town Village Appleton	//10/2012 (Month) (Day) (Year)	Phone
ROY E HARTINIE	they 6 Hastung	Cité MARCEHA ST Cité MAINON LOCKS Zip. 54113	Divillage City Com bined hocks	///0/2012 (Month) (Day) (Year)	Phone
ETHELD. LAMBIE	SAND D' Lambin	city: applitan zip 549/1	Town Village AppleTon	///0/20/Z (Month) (Day) (Year)	Email Phone
Christine Bradley	Phristine Bradley	city: Appleton, WI zip: 54914	Town Village Appleton	1/10/20 <u>12</u> (Month) (Day) (Year)	Phone
BIANE L. SHEBILSKE	Dian L Shelvilske	Street: SD6 E. Atlantic St.	Town Village Appleton	///0/20/2 (Month) (Day) (Year)	Phone
9.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
Jakes O Ja	Certification (	of Circulator	W1006 () +	Amleta	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9.10 of the Wisconsin Statutes.

	onstitution and S.9.10 of the Wisconsin State G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI		ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED	
THE MUNICIPALITY USED FOR MATLING	GIORIOGES, WHEN DIFFERENT THAN MUNICIPALI	TI OF RESIDENCE, IS NOT SUPPREBLYT. THE NAME OF THE MUN	VOTING	DE LISTED.	_
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1.		Street: 216 Frances St	□ Town	1 // /2012	Ema
Dolohia Val	1000 11.1		Village KNII ( IANA	20 <u>12</u>	Phor
DEDVIE TELEVIS	defler the	City: Kaul Calend W. L. 21p. 54130	Acity Mullouna	(Month) (Day) (Year)	
2.		Street: 2408 Southerland Cilcle	□ Town	ot 100/2012	Ema
1/-1-000/2	An a Maller		☐ Village  ☐ City  ☐ Value Care Care Care Care Care Care Care Car	(Month) (Day) (Year)	Pho
Nate Michers	1 your Melery	City: Kurlcauna zip: 54170	MCity Kaukauma	(Mouth) (Day) (Year)	<u> </u>
3.		Street: 2203 GIENVI-EWAVE	□ Town	1 16/2012	Ema
110, 10, Ka			City VIII VALUA	(Month) (Day) (Year)	Pho
LISA Lemke	1 Da Klinke	City: Kan Kaupa zip: 54/30	Yankaima	(1000)	Ema
4.	and bulletin	Street: 408 W17th	Town (O)	1/6/2012	Eina
Michael Coffey	INSURAN CTUY		Willage Kau Wu wh	(Month) (Day) (Year)	Pho
· // · · · ·		City: Kaunkauna zip: 54/30	- Mu Villan		Em
5. Andrew Mohilek		Street: 301 W Herra ST	□ Town	1/6/2012	
Andrew Monitor	ava	( Lana ( CG130	Village Kaukauna	(Month) (Day) (Year)	Pho
(		city: Kaukawac zip: 54/30	DK.		Em
6.		Street: 201 Morning Side Pr	☐ Town ☐ Village /	1 /4/2012	
Slody Roand L	1 holin Bround +	1/01/1/01/100 =7/130	Security Contracts	(Month) (Day) (Year)	Pho
Tong Draway	Than en an en	city: Clurcuma zip: 54130	Mai aurantos		Em
,	14 0 ,1	Street: 31/2.84	□ Town □ Village	1 /6/20/2	
This in Hammen.	Diein Hay	471/2	KAUKAYWA	(Month) (Day) (Year)	Ph
8 1 CIA PAININETO	June paris			<b>,</b> ,	Em
		Street: W5108 Blue Horon Ct	☐ Town ☐ Willage	01 /06/2012	
Deldine Farvour	Doal MI	City: Sherwood w Zin: 54/69	City	(Month) (Day) (Year)	Ph
9	Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4.1	En
		Street: 25 Shreve	☐ Town ☐ Village	1 0/06/20/20/2+	-
Chnter Ihmilan	1 X 17/10A	City: NOPMAH, 11 )T ZID 549570	XCity Neenale	(Month) (Day) (Year)	Pho
10.	<u> </u>	110000000000000000000000000000000000000		<del>                                     </del>	En
•		Street: N7825 Marx Rd	<b>X</b> Town □ Village	1/06/2012	<u></u>
Brenda Sheahan	Brendo Sheahan	City: Hilbert zip: 54/29	City Woodulle	(Month) (Day) (Year)	Pho
DIELION SHEWHAN	Certification	· · · · · · · · · · · · · · · · · · ·	W 0 0 0 0 1 1 C		
D- TT B11		161	11 California		
David T. Robb		ify): I reside at III Hidde Vidges	Way Combined	VOCKS	
Name of Circuonally circulated this recall petition and personally ob	tained each of the signatures on this paper. I know that t	(Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the	officeholder named in this petition. I know th	at each person signed	
per with full knowledge of its content on the date indi	icated opposite his or her name. I know their respective	residences given. I support this recall petition. I am aware that falsifyi	ng this certification is punishable under S.12.1	13(3)(a), Wis. Stats.	

Page No. (Official Use Only)

Article XIII, Section 12 of the Wisconsin Co	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	· · · · · · · · · · · · · · · · · · ·	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Patrick Goff	Patrick A	Street: N9440 Evan Street  City: Applifon zip: 54915	Z Town City Harrisov	1 / 6 /2012 (Month) (Day) (Year)
LEITH MEIER	Keith Maier	Street: W5412 RED CLOVER TRAIL City: APPLETON Zip: 54915	Town HARRISON HOLLY MENT	(Month) (Day) (Year)
JAWN M. Monahay	La Malm	Street: 214. w 10th City: Hankanna zip: 5-4130	Orown Village City KaunKausz	1/9/20 <u>1</u> P
*Snavna Miller	Sm Milly	Street: W4738 NICKIAUS CT City: Showwood zip: 54169	Drown Shelwood	$\frac{1}{(Month)(Day)} \frac{Q}{(Year)} = \frac{E}{P}$
"Carthin Bailey	Wielt & Bady	Street: NTT34 Pall Sadus Lr. City: Shenwood zip: 54169	Town prvillage Newwood	(Month) (Day) (Year)
6. Roger Glenn Chapman	of flight	Street: 401 E. 20th 3t. City: Karkauna zip: WI	DTown DYillage Kankauna	/ 9/20/2 (Month) (Day) (Year)
7. Bonnie Miller	Bonnie	Street: N5636 Cordy Rd City: Hilbert WI zip: 54129	Stockbridge City	(Month) (Day) (Year)
Joan Van Abel	Joan Van abel	Street: 204 Depot St City: Kankanna zip: 54130	DTown Village RCity  Karkana	(Month) (Day) (Year)
nicHAEZ S. SURIW	mil 5, 55	Street: 301 N, FINE 57.  City: KIMBERY Zip: 54136	Town Village City  CITY	//C/20/2 P
Andrew J. Cehran	Charles Marie	Street: W2597 ASPENCY.	Trown Village City K. Mbos (	//0/20 (Month) (Day) (Year)
David TRobbins  (Name of Circulated this recall petition and personally obe paper with full knowledge of its content on the date indi	, (cer dator), tained each of the signatures on this paper. I know that	of Circulator  tify): I reside at	officeholder named in this petition. I know th	at each person signed
(Month) / (Day) / 20 17	- Dand	(Signature of Circulator)	Page No. (0)	

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT		ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Caithin Kurtzweil	Caitherreteniel	Street: 1012 Wyman Street City: NON LONDON W 1 21p: 500101	Town NCW LOVOOV	\2/3/20\1\ (Month) (Day) (Year)	Phone
Wicholas Koch	Marlas Markel Kal	Street: W7822 Mason St City: Horbinithe ZID: 54944	OrTown Utilage City Ellington	/2 /3/2011 (Month) (Day) (Year)	Phone
MICHAEL KULTZWEEL	Michael P. Muchil	Street: 1017 Wyman Street  City: New London WIZIP: 54961	Town NEW Village NEW City LONDON	17/5/20/1 (Month) (Day) (Year)	Emai Phon
Colleen m. Kelly	Colleer m. Kelly	Street: 1612 Wynon St.  City: New London W1 zip: 54941	Town Village Spacity  New London	12 /9/2011 (Month) (Day) (Year)	Phone
James D. Bricco	James D. Bricco	Street: N3571 Oakwood Pass City: New Sondon Zip: 549(e)	Town Village City Mukwa	12 /11/2011 (Month) (Day) (Year)	Phon
"Kathleen Stein	Kathlas Stein	Street: 14180 W. Lisbon Rd City: Brookfield zip: 53005	Town Village  City Brookhield	\2 /24/2011 (Month) (Day) (Year)	Phon
When Yeare	The las	Street St. 167 N 8599W. JACOLSEN City: MENONOVER FAB 210: 53051	City NEN FILS	(Month) (Day) (Year)	Phon
Melissa Mulney	Melisse Mulro	Street: 1776 Division St.	Town New Person	12/28 ₂₀ // (Month) (Day) (Year)	Phon
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Emai
0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)	Email
	Certification o	•	17 Oslam 1 14.		

4.		Street: 1612 Wynon St.	□ Town □ Village	12/9/2011	
Colleen M. Kelly	Colleer M. Kelly	Chy: New London WI zip: 54941	Specity New London	(Month) (Day) (Year)	Phone (9
James D Bricco	James D. Bricco	Street: N3571 Oakwood Pass	▼Town □ Village □ City    Wukwa	12/11/20 <u>//</u> (Month) (Day) (Year)	Phone (9
6. Kathleen Stein	KathlonStein	Street: 14180 W.1:500 Rd	Drown College College	\2 /24/2011 (Month) (Day) (Year)	Email Phone
7. Whert Leave	The las	Street St. 167 N. 8599W. JACOLSER Chy: Maronarel FAB 21p: 53051	Town Mage of City Men FILS	DD 20/1 (Month) (Day) (Year)	Phone (
Meli3sa Mulroy	Milissa Mulro	Street: 1776 Division St.	Town New Politica	12/2820// (Month) (Day) (Year)	Email Phone
9.		Street: City: Z4p:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
	Certification	of Circulator			
Construction and personally circulated this recall petition and personally obtate paper with full knowledge of its content on the date indicates	ator) ined each of the signatures on this paper. I know that t	ify): I reside at 220 Auctin Court. Apt to Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying	I Number) U (Circulator Mofficeholder named in this petition. I know the	funicipality) at each person signed	Circula Pi
(Month) (Day) /20 (Sear)	Megnit	(Signature of Circulator)	Page No. (0)		لـا

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.								
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING					
1. Connie AMcClore	Connie A Mc Clone	Street: 720 Robin St City: New London WI zip: 54961	Town Village Rew London	(1 /30/20 <u>11</u> (Month) (Day) (Year)					
2. KathleenTennie		Street: 1504Werner Allen Rd  City: NEW London Zip: 54961	Town O Village City NEW London	///30/20 <u>//</u> (Month) (Day) (Year)					
3. Emily Steffanus	randu XIII amus	street: 1901 Mayflower Ct  City: New London Zip: 54961	Town Village New London	11 /30/20_11 (Month) (Day) (Year)					
A.  ROWALD STEFFANUS	loveld Steffanns	Street: 1901 MAY FLOWER CT.  City: NEW LOWDOW WI Zip: 54961	Town Village NEW LONDON	// /30/20// (Month) (Day) (Year)					
Arnold C. Tennie	arrold C. Tenne	street: 1504 Werner Allen Rd  City: New London zip: 54961	Town Village New London	(Month) (Day) (Year)					
Ann M. Klatt	ann M. Klatt	street: 909 Beechwood Ave.	Town Village Chate	(Month) (Day) (Year)					
James P. Klatt		Street: 909 Beechwood Ave	Town Svillage City Little Chute	\\ \lambda \/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
DAVID J. TENNIE	1) a. 1) 1 1000 an is [	Street: E8668 Cty Hwy X  City: New Lonson Zip: 982 at	Town Village Mukwa	/2/4/20_1/ (Month) (Day) (Year)					
Kerri A. Tennie	$1/a$ . $\Lambda$	Street: 211 W. Warren St.  City: New London zip: 54961		12 /6 /20 11 (Month) (Day) (Year)					
10.		Street: 211 W. Warren St City: New London Zip: 54961	Town Utillage OCity New London	/2/6/20/1 (Month) (Day) (Year)					
Rarbara Steffanus Certification of Circulator  New London									

	Arnold C. Tennie	arrold C. Tenne	chy: New London zip: 54961	Acity New London	(Month) (Day) (Year)					
	Ann M. Klatt	ann M. Klatt	Street: 909 Beechwood Ave.	Town Willage Chate	(Month) (Day) (Year)					
	James P. Klatt		Street: 909 Beech wood Ave City: Little Chute zip:54140	Town  City Little Chate	\\ \lambda /\ \/20 \ldot\ \(\frac{1}{\text{(Month) (Day)}} \text{(Year)}					
	8. DAVID J. TENNIE	1) A lanni	Street: E8668 Cty Hwy X  City: NEW LONSON Zip: 982 Ax	Town Utillage Mukwa	/2/4/20 <u>//</u> (Month) (Day) (Year)					
	Kerri A. Tennie	Kerra A. Tennie	Street: 211 W. Warren St.  City: New London zip: 54961	Town Utillage City New Landon	12 /6 /20 11 (Month) (Day) (Year)					
	Shawn D. Tennie	Shown D. Cennie	Street: 211 W. Warren St City: New London zip: 54961	Town Uvillage OCity New London	12/6/2011 (Month) (Day) (Year)					
	Certification of Circulator									
I,	Barbara Steff	arus (certif	iy): I reside at 1901 May flower Cf.	<u>New Lon</u>	don					
(Name of Circulator)  (Circulator's Residence – Street name and Number)  (Circulator Municipality)  I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name, I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.										
_	12 1 8 12011	Darboro	Leddanies	Page No. (Off	,					
	(Month) (Day) (Year)		(Signature of Orculator)	<u> </u>	149					
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS	TORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE D (Indicate Town, City, or Village)	DATE OF SIGNING					
Carol A Schnother Carol & Fuetalt	Street: 504 Evergreen ST ApT #3 City: New London Zip: 54941		Email Phone					
Nicole A. Schreiber Miede D. Schre	street: NSB7 Cty RdM  when city: Horton Ville zip: 54944		2/5/201   Email   Phone					
Dorothy Milheiser Oorothe Mulho	reson City: Menasha Zip: 54952	Trown   L   City   Constant   Con	2////20_// onth) (Day) (Year)   Phone					
Dorothy Milheiser Dorothe Mulla Jim Milheiser Im Finaleure 5.	street: Hod7 Racine ad-#22 City: Menasha zip: 54952	Trown Divillage City Menasha	2 /// /20 // Phone					
Carolyn Steinert Carolyn Ster	street: 140 Greenbrier Dr city: Hortonville zip: 54944		2/12/20 Email Phone					
Randi Van Pett Bandi Van	Put city: Dale zip: 54931		Hone Phone					
Elisabety Ryan RH Elisabeth All	Well street: N405 Winchester Road city: Fremant zip: 54940	Village City Company	2/16/20 Email Phone					
8.	Street:  City: Zip:	☐ Town ☐ Village ☐ City (Mo	/ /20   Email Phone					
9.	Street: City: Zip:	□ Town □ Village □ City (Mo	/ /20   Email   Phone					
10.	Street: City: Zip:	□ Town □ Village □ City (Mo	/ /20   Email Phone					
Certification of Circulator    Concert   Concert   Circulator   Circulator								